Chief Financial Officer's Annual Report

Fiscal Year 2002

Department of Health and Human Services
Centers for Disease Control and Prevention
Office of the Director
Financial Management Office
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Contents

Introduction

The *Chief Financial Officer's Annual Report: Fiscal Year 2002* is the fifth such report published by the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR), two of the federal agencies operating under the leadership of the Department of Health and Human Services (HHS). This report, developed under the auspices of the Reports Consolidation Act of 2000, documents how well CDC and ATSDR managed the federal funds provided us and recounts significant program accomplishments made possible through this funding. It provides the American public with an account of their return on their investment as taxpayers and also documents our performance for decision makers at many levels, including HHS, the Office of Management and Budget, and the Congress, and for our many public health partners who support and further our public health mission.

This annual report consists of two primary sections with numerous subsections. The first section provides an overview of CDC and ATSDR and contains descriptions of the major organizational components and information on management objectives and performance indicators. The second section presents the FY 2002 financial statements that document how we managed and disbursed our funds to complete our mission and responsibilities. This section also includes the independent, objective assessment of a team of auditors; an assessment that details how accurately we have represented our financial condition; specific recommendations for improving our fiscal management; a message from the Chief Financial Officer of CDC/ATSDR; and a letter from the Director of the Financial Management Office.

If you need additional information, please visit CDC's Financial Management Office online at http://www.cdc.gov/fmo or telephone 404/639-7400.

Message from the Director

I am pleased to present the *Chief Financial Officer's Annual Report: Fiscal Year 2002* for the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR). This report—which was prepared under the auspices of our Financial Management Office, pursuant to the Chief Financial Officers Act of 1990, the Government Management Reform Act of 1994, and related statutes—details our financial statements and practices and provides an overview of the many essential public health programs and services CDC and ATSDR provide the American people.

CDC and ATSDR are part of the Department of Health and Human Services (HHS) and strive to support and follow the objectives, policies, and programs of HHS, with regard to both public health and to business practices. We also fully support the President's Management Agenda, a set of governmentwide initiatives announced during FY 2001. Because the President's Management Agenda reflects effective business practices, CDC/ATSDR management is constantly striving to ensure that we comply with this agenda.

CDC and ATSDR achieved a significant financial milestone for fiscal year 2002 by receiving—for the fifth consecutive year—an unqualified or "clean" opinion on our financial statements. We are justifiably proud of this accomplishment, and our commitment to providing superior financial stewardship for the public funds entrusted to us underscores our determination to protect the health and safety of Americans, provide credible information, and promote health through vital partnerships.

Having excellent business practices and dynamic financial management are crucial for us to continue reducing death, illness, and disability in the United States and throughout the world. We must also strive to improve our agency's effectiveness and accountability to keep pace with our increasingly varied responsibilities to the nation, including public health terrorism preparedness and response as we tackle other causes of death, illness, and disability such as HIV/AIDS, infectious diseases, injuries, heart disease, cancer, diabetes, birth defects, environmental hazards, and obesity.

Our expanded responsibilities require a new approach to leadership and management that allows the agency to balance emerging issues with its vision for safer, healthier people in every community. To better prepare us for the enormous challenges we face, I have asked our senior management staff to focus on science, service, systems, and strategy. The overarching goals of this collective focus are to ensure that we do the following:

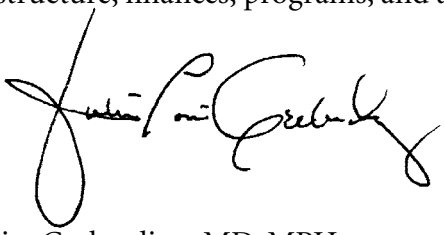
- practice *science* that is evidence-based and grounded in sound peer-reviewed research.
- provide efficient *service* to meet the needs of our partners and customers.
- fine-tune and manage our *systems* so that we use our personnel, technology, and information efficiently to achieve results.
- set aside staff and resources to ensure that our *strategies* prepare us for future challenges.

Working toward those priorities will enable CDC and ATSDR to continue refining our business practices and strengthening our public health activities and initiatives to ensure that we continue to recoup our nation's investment at home and abroad.

The Reports Consolidation Act of 2000 requires an assertion on the information contained in this report. On the basis of my understanding of the work performed by our independent auditors, internal agency reviews, and CDC management controls, I believe the information contained in this report to be reasonably complete and reliable.

For more information about how CDC's programs verify and validate performance data, including the completeness and reliability of those data, I refer you to the report *Centers for Disease Control and Prevention's FY 2004 GPRA Annual Performance Plan, FY 2003 Final GPRA Annual Performance Plan, and FY 2002 GPRA Annual Performance Report.*

I welcome your interest in CDC and ATSDR, both in our fiscal and our scientific work, and I invite you to read this report for more information about our organizational structure, finances, programs, and accomplishments during FY 2002.



Julie Louise Gerberding, MD, MPH
Director, Centers for Disease Control and Prevention
and Administrator, Agency for Toxic Substances and Disease Registry

Management's Discussion and Analysis

Overview

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) are two of the 13 major operating components of the Department of Health and Human Services (HHS), which is the principal agency in the U.S. Government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves.

Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. CDC is globally known for conducting research and investigations and for its action-oriented approach. CDC applies research and findings to improve people's daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies. Today, CDC is recognized as the federal agency for

- protecting people's health and safety,
- providing reliable health information for the public,
- improving health through strong partnerships.

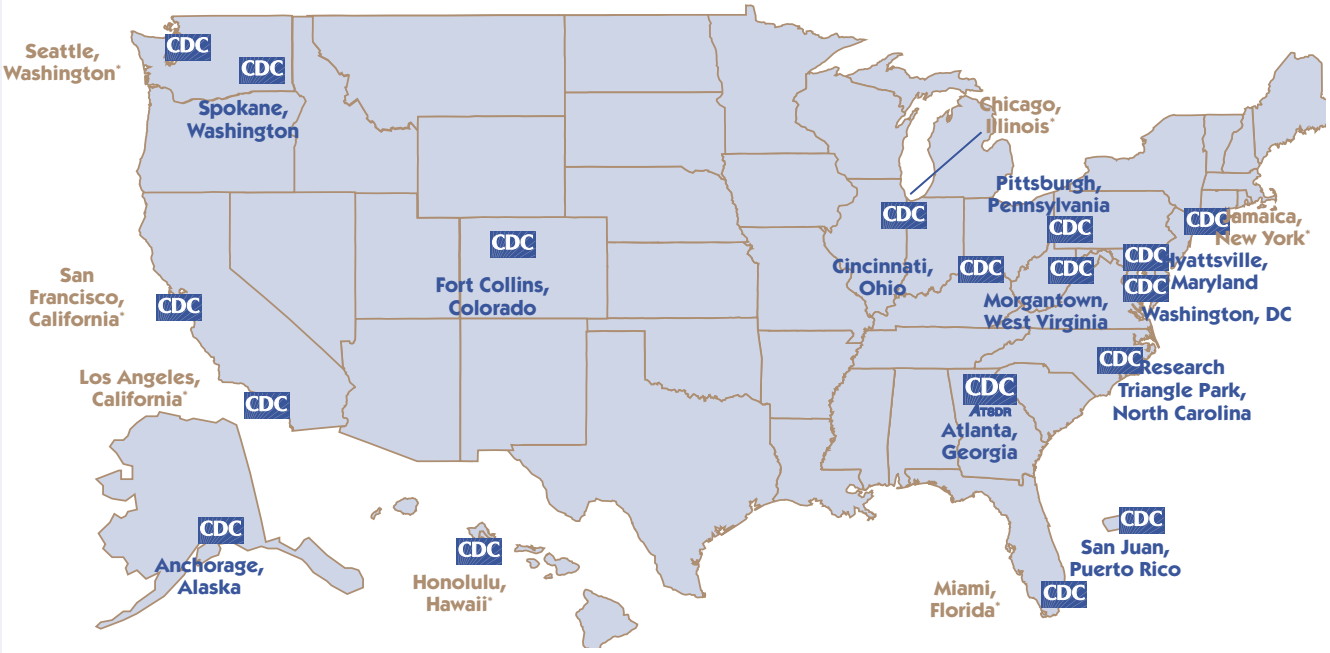
ATSDR was established in 1980 by the Comprehensive Environmental Response, Compensation, and Liability Act—also known as Superfund. ATSDR works to prevent exposures to hazardous wastes and to environmental spills of hazardous substances. Headquartered in Atlanta, the agency also has 10 regional offices and an office in Washington, D.C., and a multidisciplinary staff of about 400 people, including epidemiologists, physicians, toxicologists, engineers, public health educators, health communication specialists, and support staff.

Although CDC and ATSDR have independent visions and mission statements, both strive to protect and improve the health of the American public. The Director of CDC also serves as the Administrator of ATSDR.

This annual report provides information about CDC's and ATSDR's principal financial statements for fiscal year 2002 (see pages 69–129), including a consolidating balance sheet, a consolidating statement of changes in net position, a consolidating statement of net cost, a consolidated statement of financing, and a combined statement of budgetary resources. It also serves as an overview to CDC/ATSDR, highlighting key management practices and selected program activities.

Workforce and Organization

The workforce at CDC/ATSDR totals approximately 9,000 employees in 170 occupations with a public health focus, including physicians, statisticians, epidemiologists, laboratory experts, behavioral scientists, and health communicators. Although many people associate CDC with its national headquarters in Atlanta, more than 2,000 CDC employees work at other locations throughout the United States. Additional CDC staff are deployed to more than 37 other countries, assigned to 47 state health departments, and dispersed to numerous local health agencies on both long- and short-term assignments.



*These CDC facilities are quarantine stations located at major international airports. CDC staff at these locations make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. There is also a quarantine station located at Hartsfield International Airport in Atlanta, the city where CDC is headquartered.

CDC supports staff development and training through intramural programs, such as the CDC Corporate University, and through training and education opportunities that range from attending workshops and seminars to completing advanced degrees. A mentoring program fosters other valuable but less formal training that helps to transmit institutional knowledge and to infuse new ideas.

This talented, well-trained workforce—which is the agency's most crucial and complex resource—represents a cross section of America's culturally and ethnically diverse society; hence CDC and ATSDR are well-positioned to serve the American public, to meet the health goals for our nation as set forth by the Department of Health and Human Services in *Healthy People 2000* and *Healthy People 2010,* and to respond to disease outbreaks, health crises, and disasters worldwide.

CDC's major organizational components develop and manage programs and respond to health threats that fall within their respective areas of expertise. They also, however, pool their resources and knowledge on crosscutting issues and specific health threats. In 2002, the agency comprised these 11 major program components:

- National Center on Birth Defects and Developmental Disabilities (NCBDDD) works to prevent birth defects and secondary disabilities.
- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) prevents premature death and disability from chronic diseases and promotes healthy personal behaviors.
- National Center for Environmental Health (NCEH) provides national leadership in preventing and controlling disease, disability, and death that result from the interactions between people and their environment.
- National Center for Health Statistics (NCHS) provides statistical information that will guide actions and policies to improve the health of the American people.
- National Center for HIV, STD, and TB Prevention (NCHSTP) provides national leadership in preventing and controlling human immunodeficiency virus infection, sexually transmitted diseases, and tuberculosis.
- National Center for Infectious Diseases (NCID) prevents illness, disability, and death caused by infectious diseases in the United States and around the world.
- National Center for Injury Prevention and Control (NCIPC) prevents death and disability from nonoccupational injuries, including those that are unintentional and those that result from violence.
- National Institute for Occupational Safety and Health (NIOSH) ensures safety and health for all people in the workplace through research and prevention.
- National Immunization Program (NIP) prevents disease, disability, and death from vaccine-preventable diseases among children and adults.

- Epidemiology Program Office (EPO) strengthens the public health system by coordinating public health surveillance; providing support in scientific communications, statistics, and epidemiology; and training in surveillance, epidemiology, and prevention effectiveness.
- Public Health Practice Program Office (PHPPO) strengthens community practice of public health by creating an effective workforce, building information networks, conducting practice research, and ensuring laboratory quality.

Protecting the Health and Safety of Americans

Improvements in sanitation and the prevention of diseases through vaccines are credited with dramatic gains in life expectancy, gains that occurred because of public health actions. A century ago, pneumonia and tuberculosis were the two leading causes of death in the United States. Then in the 1940s, a critical focus of our nation's health priorities was the control of malaria among military personnel during World War II. From these programs came the genesis of the Centers for Disease Control and Prevention. Since its inception, CDC has been at the forefront of efforts to improve the health and well-being of Americans. But the scope and range of those efforts has greatly expanded since CDC's inception, and today, CDC serves as the sentinel for the nation's health.

Today, once more, mosquito-borne illness, now in the form of West Nile virus, grabs headlines as a major public health concern. The shockwaves created by the terrorist attacks on September 11, 2001, and the subsequent anthrax attacks are still rippling through our nation. An epidemic of obesity grows more widespread across all age-groups in the United States. Newly emerging and documented diseases; viruses, fungi, and other organisms; unintentional injuries and violence; and birth defects and disabilities all threaten the health and well-being of our nation's population, as do risky health behaviors and uninformed decisions; concerns over genetic engineering; and restricted access to health care and health information.

To respond to these complex, crosscutting health problems, CDC and ATSDR rely on a broad array of skills, abilities, and experience to direct research, adapt resources, and balance priorities as needed; employ diverse tactics for preventing and responding to health threats; and forge effective public and private partnerships. CDC and its partners confront challenges that frequently reinforce, reshape,

and expand the traditional roles of public health agencies. Responding to these challenges involves such activities as

- investigating disease outbreaks in the United States and around the world;
- preparing for and responding to terrorist events;
- probing the realms of viruses, bacteria, and parasites in seeking ways to control both emerging and reemerging pathogens;
- protecting the nation's food and water supplies from both inadvertent and deliberate contamination;
- curbing the toll of death and disability from preventable injuries;
- stemming the epidemic of obesity in the United States;
- convincing the public that altering certain behaviors will yield long-term health dividends;
- educating our young people about the risks of HIV, unintended pregnancy, tobacco use, physical inactivity, and poor nutrition;
- translating biomedical research findings into practice that improve health and quality of life in our nation's communities;
- eliminating disparities in the health of all Americans.

Providing Credible Health and Safety Information

Providing the public and health professionals with up-to-date, credible information about health and safety is a crucial aspect of CDC's mission. The new reality that has coalesced since the terrorist attacks last year requires people across all stages of life and health practitioners to make rational, and sometimes rapid, decisions—decisions that have both immediate and long-term implications. CDC and ATSDR have internationally recognized expertise and credibility in disciplines such as public health surveillance, epidemiology, statistical analysis, laboratory investigation and analysis, health communications and social marketing, behavioral risk reduction, technology transfer, and prevention research. CDC is well-suited to develop and disseminate credible and practical health information that helps make our food supply safer, identifies harmful behaviors, and improves our environment.

CDC/ATSDR makes this crucial health information widely and immediately available through multiple channels, including Internet Web sites and E-mail; books, periodicals, and monographs; health and safety guidelines; reports from investigations and emergency responses; public health monitoring and statistics; travel advisories; and direct answers to public inquiries.

In addition to serving the public, CDC delivers critical health information to public health officials and to health providers. For instance, the practicing medical and dental communities and the nation's health care providers receive numerous official CDC recommendations concerning the diagnosis and treatment of disease, immunization schedules, infection control, and clinical prevention practices. CDC offers technical assistance and training to health professionals as well.

CDC/ATSDR is positioned in the vanguard of efforts to spread the word about having children wear bicycle helmets, teaching young women about preventing birth defects by taking folic acid, quitting smoking, eating sensibly and exercising regularly, ensuring children are vaccinated, alerting the public to environmental hazards, and numerous other public health messages that need either to be heard for the first time or to be reinforced through fresh public health campaigns.

Promoting Health through Strong Partnerships

Throughout its history, CDC has placed a premium value on developing and nurturing partnerships with various public and private entities. These partnerships improve and expand the scope and depth of public health services for the American people. CDC's numerous partners in conducting effective prevention, control, research, and communication activities include

- public health associations;
- state and local public health departments;
- federal, state, and local law enforcement agencies and first-responders such as firefighters and rescue workers;
- practicing health professionals, including physicians, dentists, nurses, and veterinarians;
- schools and universities;
- communities of faith;
- community, professional, and philanthropic organizations;

- nonprofit and voluntary organizations;
- business, labor, and industry;
- the CDC Foundation and other foundations;
- international health organizations;
- state and local departments of education.

CDC's partners implement most of the agency's extramural programs, programs that are tailored to reflect local and community needs. These myriad partners also contribute by serving as consultants to CDC program staff, by sitting on advisory bodies at CDC, and by participating in CDC-sponsored seminars and conferences. The diverse perspectives offered by these partnerships serve to generate new opportunities for collaborations, help shape key strategies, and keep CDC/ATSDR focused on the needs of the American public. Sustaining these partnerships requires tremendous coordination and communication.

In 2002, about 62% of CDC's budget ($6.7 billion)—provided through extramural grants, cooperative agreements, and program contracts—was spent on public health work performed by CDC's partners. CDC dispersed most of those funds to state and local health departments as grants and cooperative agreements to be used for supporting and developing public health programs to prevent and control diseases and injuries. In addition, CDC funds extramural research through such programs as the Prevention Research Centers Program, which supports a prevention research agenda at 24 schools of public health throughout the country.

Vision and Mission

CDC's Vision for the 21st Century

"Healthy People in a Healthy World—Through Prevention"

CDC, as the sentinel for the health of people in the United States and throughout the world, strives to protect people's health and safety, provide reliable health information, improve health through strong partnerships.

Mission

To promote health and quality of life by preventing and controlling disease, injury, and disability.

CDC seeks to accomplish its mission by working with partners throughout the nation and the world to

- monitor health,
- detect and investigate health problems,
- conduct research to enhance prevention,
- develop and advocate sound public health policies,
- implement prevention strategies,
- promote healthy behaviors,
- foster safe and healthful environments,
- provide leadership and training.

Those functions are the backbone of CDC's mission. Each of CDC's component organizations undertakes these activities in conducting its specific programs. The steps needed to accomplish this mission are also based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice.

Core Values

Accountability—As diligent stewards of public trust and public funds, we act decisively and compassionately in service to the people's health. We ensure that our research and our services are based on sound science and meet real public needs to achieve our public health goals.

Respect—We respect and understand our interdependence with all people, both inside the agency and throughout the world, treating them and their contributions with dignity and valuing individual and cultural diversity. We are committed to achieving a diverse workforce at all levels of the organization.

Integrity—We are honest and ethical in all we do. We will do what we say. We prize scientific integrity and professional excellence.

Pledge

CDC pledges to the American people:

To be a diligent steward of the funds entrusted to it.

To provide an environment for intellectual and personal growth and integrity.

To base all public health decisions on the highest quality scientific data, openly and objectively derived.

To place the benefits to society above the benefits to the institution.

To treat all persons with dignity, honesty, and respect.

ATSDR's Vision for the 21st Century

"Healthy People in a Healthy Environment"

This vision conveys the desired results of ATSDR's commitment to controlling or eliminating the public's exposures to hazardous substances that contaminate the environment and to promoting healthy behaviors that reduce the risk for adverse health effects caused by environmental toxins.

Mission

To prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.

To achieve its mission and related goals, ATSDR manages programs that support these key areas:

- public health assessments and consultations,
- health studies,
- the national exposure registry,
- toxicological profiles,
- applied research,
- emergency response,
- health education and promotion.

People: Our Greatest Asset










GPRA: Ensuring Performance Management

During the past several years, CDC has engaged in planning processes with its partners in state and local health departments, the Department of Health and Human Services, and internal staff to establish a long-term commitment to achieving public health outcomes. Those joint efforts have resulted in the creation of a performance plan that clearly describes CDC's intended performance, that includes strategies involved in achieving desired results, and that provides data to assess the success of those strategies. In FY 2002, CDC continued to revise and refine its performance plan and report. The plan and report continue to be organized consistent with CDC's new budget structure and describe CDC's programs in terms analogous with our identity themes.

CDC has now completed three full cycles of implementing the Government Performance and Results Act (GPRA). Each cycle includes strategic planning, annual planning, and program assessment and reporting. During FY 2002, CDC worked to create a more robust performance management system that spans multiple years and provides trend data wherever possible. CDC continues to provide targets and baseline measures for all FY 1999, 2000, 2001, and 2002 performance measures and information on actual results for most of the performance measures contained in our multiyear plan.

As was the case in developing CDC's initial performance plan, CDC has continued to emphasize supporting the HHS strategic goals and the national health promotion and disease prevention objectives in *Healthy People 2000* and *Healthy People 2010*. Developing performance goals and targets for health promotion and disease prevention proves difficult because public health problems and their solutions are often determined externally by societal changes and environmental events instead of by planned internal actions. Consequently, CDC's goals and measures project a broad, overarching approach that targets the underlying causes of disease, disability, and injury. Those underlying factors have been termed the "actual causes of death," and their toll on our nation's health, in terms of health care costs and years of potential life lost, is significant.

Since its initial efforts in implementing GPRA, CDC has continued to work with its partners and HHS to update and integrate enhancements to its performance

plans and reports. CDC's success in developing a good performance plan is based on its use of and access to data and the ability to communicate the linkage between CDC's programs and the desired health outcomes.

CDC's reliance on data and access to data are exemplified by its approach to public health problems. To address those problems, CDC uses a reliable, proven, flexible four-step process that adapts to the wide variety of problems that are subjects of CDC programs: infectious diseases, bioterrorism, environmental and occupational health, birth defects and developmental disabilities, injuries, HIV, and chronic diseases. This public health approach consists of detecting and defining a problem through surveillance; determining the causes; developing and testing potential strategies for handling the problem; responding to urgent health crises; and implementing prevention programs. The approach is based solidly in science and is reflected in CDC's programs as well as its evaluation of programs.

As of December 31, 2002, CDC has achieved or exceeded targets set for 122 of the 178 performance measures in CDC's FY 2002 Performance Report. Measures with outstanding data will be reported as soon as results become available. We anticipate that we will have data available for 51 measures in 2003, and for four measures in 2004; data for one measure will not be available until 2005. At this point, CDC has achieved or exceeded 80% of its targets for which data are available.

Numbers, of course, tell only part of CDC's performance story. To improve our performance plan and report, we revised our plan so that each section now addresses the three CDC identity themes in greater detail:

- Protecting the health and safety of Americans.
- Providing credible information to enhance health decisions.
- Promoting health through strong partnerships.

For the latest detailed descriptions about CDC's programs, their intended results, and ongoing activities, see the publication *Centers for Disease Control and Prevention's FY 2004 Performance Plan, FY 2003 Final Performance Plan, and FY 2002 Performance Report* (available spring 2003).

President's Management Agenda and Other Program Management Issues

CDC and ATSDR support fully the crucial public health mission of the Department of Health and Human Services and the President's Management Agenda, a set of governmentwide initiatives announced during FY 2001. Because the President's Management Agenda reflects effective business practices, CDC/ATSDR management is constantly striving to ensure that we comply with this agenda.

During FY 2002, CDC established an executive steering committee both to accentuate the agency's focus and to provide guidance in achieving the outcomes of the agenda. CDC also appointed a full-time coordinator for issues related to the President's Management Agenda.

This pursuit of the President's Management Agenda program dovetails with other ongoing efforts by program managers to ensure that all programs and systems function efficiently and effectively and to identify and correct any problems that could affect the fiscal stewardship and accountability of CDC/ATSDR. Many of those efforts also tie in with the Federal Managers Financial Integrity Act (FMFIA), which sets forth conditions and standards that ensure the public's resources are protected from fraud, waste, and abuse.

This overview highlights the progress CDC/ATSDR made toward accomplishing these governmentwide management initiatives during FY 2002.

President's Management Agenda

Strategic Management of Human Capital

CDC/ATSDR employs more than 9,000 people in nearly 190 occupational specialties that support our public health initiatives. This workforce comprises permanent

civil service staff (78%), Commissioned Corps employees (10%), and temporary employees (12%). In support of the President's Governmentwide Management Reforms, CDC/ATSDR has submitted a "restructuring and delayering plan" that emphasizes reducing the number of managers, organizational layers, and the time it takes to make decisions; increasing the span of control; and redirecting employees to customer service positions.

Actions taken to support the President's Management Agenda regarding human capital include these:

- Increased the supervisory ratio from a baseline ratio of 1:5.5 to 1:7.8, exceeding the target of 1:7 for FY 2002.
- Reduced the number of organizational units from 555 to 526, which surpassed the goal of 527 for FY 2002.
- Developed a detailed plan for eliminating 125 administrative and management FTEs across CDC/ATSDR by the end of FY 2003.
- Established a CDC/ATSDR Workforce Restructuring Board that is responsible for reviewing and approving all requests for filling supervisory positions.
- Hired scientists into the Senior Biomedical Research Service to allow them to focus on applied research and science without adding to the supervisory ranks.

To meet future workforce requirements, CDC/ATSDR both recruits qualified staff and trains current employees to ensure that the agency has the right number of employees, who have the right skills to accomplish programmatic goals. Also, by better matching human capital needs—the size of the workforce—with emerging programmatic demands, the FTE usage rate for CDC/ATSDR was less than 1% below the authorized FTE ceiling in FY 2002. Having the right skill set for employees is as important as having the right number of employees, and CDC/ATSDR is working to complete an automated competency assessment tool that will assess how well an employee's skills set matches those required for the job.

Competitive Sourcing

CDC has met the Competitive Sourcing goals set forth in the President's Management Agenda by annually refining the FAIR Act inventory to reflect the differentiation between commercial and inherently governmental work conducted at CDC/ATSDR and by developing and implementing competitive sourcing plans for FY 2002 and FY 2003. CDC has fully achieved the FY 2002 goal to conduct studies or directly convert 5% of the commercial-type positions, has a compliant competitive sourcing plan for FY 2003, and will be finalizing a plan for FY 2004 in the near future.

Improving Financial Management

During the last decade, the magnitude both of CDC's budget and of our public health responsibilities has dramatically increased. CDC's management responded by reviewing key fiscal management issues and developing a Financial Management Excellence Initiative to improve fiscal management practices in these areas:

- Accountability—CDC and ATSDR have received—for the fifth consecutive year—an unqualified audit opinion, as documented in its Chief Financial Officer's Annual Reports for each of those years. Such an opinion indicates that the CDC financial statements present fairly, in all material respects, the financial position of CDC in accordance with accounting principles generally accepted in the United States. Although the auditors do not express an opinion on internal controls, the auditors test selected controls, assess significant estimates made by management, and evaluate overall financial statement presentation.
- Erroneous Payments—In FY 2002, CDC processed approximately 152,653 payments. Of this total, CDC issued 64 (.042%) duplicate or erroneous payments. Collection action has been initiated, and many of these payments have been collected. In addition, CDC leads in the area of prompt payment with a 97% compliance rate.
- New Method for Cost Allocation—CDC has implemented a new method for allocating indirect costs that directly links users of centrally mandated services —the normal, recurring expenses such as GSA rental payments, utilities, postage, maintenance, security services, and departmental assessments—with the cost of performing those services.
- Financial Systems—CDC has been working to enhance and improve its fiscal management activities in areas such as core accounting competencies, professional staff recruitment, financial systems, training, and customer service. CDC is an integral partner in HHS's initiative to develop the Unified Financial Management System that will serve to reduce the number of financial systems across the department, consolidate redundant financial operations, and interface the accounting system with other business systems such as those used for grants, travel, and personnel.
- Leadership and Staffing—A key CDC priority continues to be strengthening its accounting staff by recruiting and hiring qualified experienced accountants, certified government financial managers, and certified public accountants.
- Communications and Training—CDC's Financial Management Certificate Program enables financial management staff to hone and improve their skills. CDC shares information about fiscal procedures and issues through various

channels, including its Financial Management Office Web sites (Internet: http://www.cdc.gov/fmo; Intranet: http://intra_apps.cdc.gov/fmo).

Integration of Financial and Performance Management Systems—CDC continued working with HHS to develop a Unified Financial Management System. CDC continues refining the quality of its performance measures and has reduced to 100 the number of performance measures to be reported in FY 2004. CDC has developed a pilot program that streamlines the grant programs for asthma, diabetes, and obesity. CDC has proposed that administrative burdens be lifted in exchange for achievement of program outcomes.

E–Government

In concert with the Administration's emphasis on expanded E-Government, CDC has actively pursued and contributed to the President's E-Government agenda through actions such as the following:

- Governmentwide Projects—Participated in seven E-Government projects: E-Vitals, GovBenefits, E-Grants, E-Travel, consolidated health informatics, SAFECOM, and Geospatial Information One-Stop.
- HHS Initiatives—Lead or contributed to HHS' E-Government initiatives, such as the HHS Enterprise IT Strategic Plan, the Unified Financial Management System, Enterprise Human Resources and Payroll, consolidated IT infrastructure, and enterprise information security.
- Citizen-Centered Services—With more than 5 million different visitors per month—a figure that spiked to 9 million in October 2001 following the terrorist attacks—CDC's Web site is one of the most frequently visited of all government Web sites. CDC continues making improvements and additions to be more citizen-centered through improved information presentation, navigation, and search capability, thereby providing improved service and enriched health content to serve the public, health practitioners, and other groups.
- Government Paperwork Elimination Act (GPEA)—CDC continues progress toward compliance with GPEA by the October 2003 deadline by enabling means to collect and disseminate information electronically.

Budget and Performance Integration

CDC continues taking steps to improve its budget and performance integration. CDC's Annual Performance Plan includes a "performance road map" that shows the relationship between CDC major budget activities and the performance goals undergirding them. It also includes a cross-referencing system that documents how performance measures relate to the budget request, *Healthy People 2010*, One HHS

Outcome Goals, and the President's Management Agenda. CDC continues streamlining its reporting of performance measures. CDC's Fiscal Year 2003 Performance Plan contained 228 performance measures and the FY 2004 plan, being prepared for OMB submission, contains 100 performance measures, including 39 outcome measures.

OMB selected five CDC program areas—immunization, breast and cervical cancer, diabetes, domestic HIV/AIDS, and the Health Alert Network—to complete the Program Assessment Rating Tool process. CDC provided HHS with all assessment tools, supporting documentation, and completed responses on schedule. CDC will apply the lessons from this initial round to improve program performance and effectiveness.

Finally, CDC has been involved in a pilot program with HHS designed to streamline several grant programs, initially asthma, diabetes, and obesity. CDC has provided to HHS suggestions for lifting administrative burdens tied to this grant process while still holding grantees to program outcomes. OMB is currently reviewing these proposals.

Other Program Management Issues

Security of Information Technology

CDC continually refines and reviews its performance in addressing the most significant risks to its technology infrastructure and its policies, technical standards, and procedures to ensure they are current, effective, and complete. CDC's secure data network uses public key infrastructure to implement strong authentication, encryption, and digital signatures to ensure reliable, protected, and authenticated data exchanges over the Internet for public health surveillance. For example, CDC has issued more than 3,000 digital certificates to partners in state and local health departments and more than 7,000 one-time passcode tokens that ensure the authentication of staff accessing CDC systems remotely. CDC has also greatly improved its network-based virus prevention, intrusion detection and protection, disaster recovery, and other security areas.

Physical Infrastructure: Buildings and Facilities

CDC's management has the responsibility to ensure that its facilities and equipment are adequate to carry out CDC's public health mission; that all facilities, particularly laboratories, are safe for both workers and the community; that the taxpayers' investment in these facilities is protected through effective maintenance and operations; that facilities meet applicable fire and life safety codes; and that responsible energy consumption is standard practice in all CDC facilities. To meet those goals,

CDC's management monitors the adequacy of space assignments and the conditions of CDC's facilities. CDC's management determines the need for repairs and improvements and schedules major and minor renovation, construction, and other facilities projects. During FY 2002, CDC received approximately $250 million for buildings and facilities, largely for the ongoing funding and continued construction of new facilities at the Roybal and Chamblee Campuses and for the designing and starting construction of other key efforts to upgrade the agency's physical infrastructure:

- Made substantial progress on the construction of the infectious disease laboratory at the Roybal Campus and completed funding for this project.
- Awarded a contract for CDC's scientific communications center to be built on the Roybal Campus.
- Began designing massive infrastructure and security center upgrades for the Roybal Campus.
- Awarded a contract for the new environmental toxicology laboratory on the Chamblee Campus.
- Began designing the replacement laboratory for vector-borne diseases at the Fort Collins, Colorado, facility.

Physical Security

The terror attacks on September 11, 2001, and the anthrax attacks that followed accelerated many planned and new measures to harden security at all CDC facilities. To ensure the health and well-being of our staff, CDC and ATSDR are continually striving to improve security, emergency preparedness, and safety, as illustrated by these highlights that summarize critical efforts during FY 2002:

- Increased security guard force and armed guards.
- Restricted entry points to laboratories and buildings.
- Instituted random car searches and routine inspections of all delivery vehicles.
- Hired a criminal investigator.
- Conducted building evacuation drills and established accountability procedures.
- Established "Hot line" to the Dekalb County, Georgia, Police Department.
- Upgraded emergency notification systems.
- Added lighting, closed-circuit TV cameras, and checkpoints.

- Began developing CDC security standard operating procedures.
- Started evaluating the cardkey system used in CDC's facilities in Metro Atlanta.

Bioterrorism

Before the terrorist attacks on September 11, 2001, and the subsequent anthrax attacks via the postal systems, HHS had given CDC key responsibilities to help protect our nation from, and respond to, acts of bioterrorism. During FY 2002, CDC led the public health response to the first bioterrorism attack in U.S. history and greatly enhanced preparedness in the event of future attacks. CDC's major contributions to this effort include the following:

- Expanded the existing bioterrorism cooperative agreements to fund all states, four localities, and eight territories. All jurisdictions now receive funding for each of these key elements of bioterrorism preparedness and response: preparedness planning and readiness assessment, surveillance and epidemiology, laboratory capacity, communications and information technology, health risk communication and information dissemination, and education and training. The program has been centralized in CDC's Office of the Director, giving projects a single, coordinated point of contact for bioterrorism preparedness.
- Awarded more than $900 million in cooperative agreements within one month of the President's signature on supplemental appropriations, giving states flexibility to spend immediately on urgent needs while developing detailed workplans.
- Increased to 150 the number of chemicals in the Rapid Toxic Screen, which, in the event of a chemical emergency or chemical terrorism, would provide vital information on chemical agents. CDC also funded five state environmental health laboratories to provide additional surge capacity in the event of a major chemical terrorism incident.
- Increased to 12 the number of National Pharmaceutical Stockpile 50-ton "push packages" that contain medical and pharmaceutical materials stored in special weather-resistant cargo containers. These portable stockpiles can be rapidly deployed to a disaster site, as was demonstrated on September 11, 2001, when a push package arrived in New York City within seven hours of approved deployment.

  Filled more than 50 separate orders for National Pharmaceutical Stockpile antibiotics to carry out postexposure prophylaxis in 11 states and the District of Columbia.

- Issued new guidelines for protecting emergency responders and for safeguarding building ventilation systems from attack, addressing self-contained breathing apparatus respirators for occupational use by emergency responders against chemical, biological, radiological, and nuclear agents.

Systems, Controls, and Legal Compliance

The senior managers at CDC/ATSDR strive to support the vital public health mission of HHS by improving and updating systems to increase efficiency, by maintaining the integrity of its financial system and reporting, and by complying with the legal and ethical guidelines that frame our operating procedures.

- *Systems*—CDC's accounting system has remained largely unchanged over the past 10 years, but reporting requirements have grown dramatically. In response, CDC is devoting significant resources to additional system improvements such as automation of the reimbursable billings and streamlining the steps required to produce the financial statements. CDC is closely working with HHS to develop the Unified Financial Management System that will permit real-time processing, make system maintenance more efficient, and better comply with current accounting and data system standards.
- *Controls*—CDC's financial system uses a range of automated and management controls to ensure system integrity. Automated controls are designed to restrict unauthorized access to the system; ensure separation of duties; control daily and monthly updating of the system database; and provide periodic reconciliation reports. Management oversight includes reviews performed under the Federal Managers' Financial Integrity Act; monthly and quarterly review of the status of obligations; annual inventory of government property; and various monthly reconciliation procedures.
- *Legal Compliance*—CDC must comply with a broad range of laws and regulations that cover such requirements as budget execution, ethical conduct of employees, legality of payments, and collection of debts. CDC has complied with laws and regulations applicable to its operations, but our financial auditors have recommended improvements to strengthen the timeliness and accuracy of our financial reporting. CDC is addressing those concerns by improving the automation of our current reporting processes and by working closely with HHS in developing and testing the Unified Financial Management System.

Selected Performance Indicators

CDC and ATSDR serve the nation by protecting people's health and safety, providing health information that people can count on, and improving health through strong partnerships. Together they are responsible for addressing a wide spectrum of health problems and emerging health threats; conducting surveillance and monitoring health threats to evaluate the effectiveness of public health preparedness and responses; communicating about public health issues for professional and lay audiences; conducting and evaluating prevention research; devising strategies to reduce racial and ethnic health disparities; providing training for the CDC/ATSDR workforce and for health professionals from other public health agencies and partners; and delivering essential preventive services.

The following compilation of activities highlights CDC/ATSDR's performance during FY 2002 and demonstrates our commitment to achieving results in fulfilling our complex public health mission. These highlights show how these activities are translated into practical programs—documenting how our health programs directly benefit state health departments, health care providers, and voluntary organizations that collaborate with CDC/ATSDR and, most importantly, directly and indirectly lead to the ultimate benefit of making our nation and our world home to a population of safer, healthier people. Many public health efforts result in considerable financial savings; others carry a net cost but represent an important investment in reducing illness and injury and in saving lives.

The compilation of performance indicators featured in this report is not intended as a complete accounting of CDC/ATSDR's activities during FY 2002. For that, the best, most complete source is the publication *Centers for Disease Control and Prevention's FY 2004 Performance Plan, FY 2003 Final Performance Plan, and FY 2002 Performance Report.* This publication outlines CDC's response to the Government Performance and Results Act by specifying key strategies, goals, and performance measures for achieving specific results in each of its major program areas, and linking its performance outcomes to available resources.

In discharging its public health responsibilities, CDC/ATSDR directly supports 7 of the 10 major goals that guide the activities of the various agencies that together form the Department of Health and Human Services:

- Goal 1: Increase access to health care.
- Goal 3: Emphasize preventive health measures.
- Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies.
- Goal 5: Improve health outcomes.
- Goal 6: Improve the quality of health care.
- Goal 7: Advance science and medical research.
- Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

CDC/ATSDR delivers this support through programs that focus on crucial public health issues, including infectious diseases, immunizations, chronic diseases and conditions, environmental and occupational health, injury prevention, sexually transmitted diseases, HIV/AIDS prevention, cardiovascular disease, health promotion, health statistics, prevention research, tuberculosis elimination, childhood and adolescent health, traveler's health, and cancer prevention and control.

Bioterrorism

Before the terrorist attacks on September 11, 2001, and the subsequent anthrax attacks via the postal systems, HHS had given CDC key responsibilities to help protect our nation from, and respond to, acts of bioterrorism. CDC has been working to address critical areas related to the rapid deployment of crucial information and resources, to improve the public health infrastructure for detection and response, and to prepare for swift deployment of "push packages" containing pharmaceutical and medical supplies. During FY 2002, CDC led the public health response to the first bioterrorism attack in U.S. history and greatly enhanced preparedness in the event of future attacks.

Bioterrorism performance measures relate to HHS Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies.

Performance Goal:	Procure, maintain, and upgrade the materials and supplies in the National Pharmaceutical Stockpile as necessary to augment federal, state, and local response to a bioterrorist event.

Increased to 12 the number of National Pharmaceutical Stockpile 50-ton "push packages" that contain medical and pharmaceutical materials stored in special weather-resistant cargo containers. These portable stockpiles can be rapidly deployed to a disaster site, as was demonstrated on September 11, 2001, when

a "push package" arrived in New York City within seven hours of approved deployment. CDC has also created a number of vaccine repositories at strategic sites around the country and developed mechanisms for rapid vaccine mobilization.

The FY 2002 performance target was to "Maintain a national pharmaceutical stockpile for deployment to respond to terrorist use of biological or chemical agents, including the ability to medically treat civilians for biological and chemical agents as delineated in the Draft HHS Bioterrorism Strategic Plan." GPRA targets have been met or exceeded for three years.

Performance Goal: Enhance the capacity of CDC and state and local health departments to prepare for and respond to a biological or chemical terrorism event.

Expanded the bioterrorism cooperative agreements to fund all states, four localities, and eight territories. All jurisdictions now receive funding for each of the key elements of bioterrorism preparedness and response, which are: preparedness planning and readiness assessment, surveillance and epidemiology, laboratory capacity, communications and information technology, health risk communication and information dissemination, and education and training. The program has been centralized in CDC's Office of the Director, giving projects a single, coordinated point of contact for bioterrorism preparedness.

The FY 2002 performance target was 55 states and localities. GPRA targets have been met or exceeded for the fourth consecutive year.

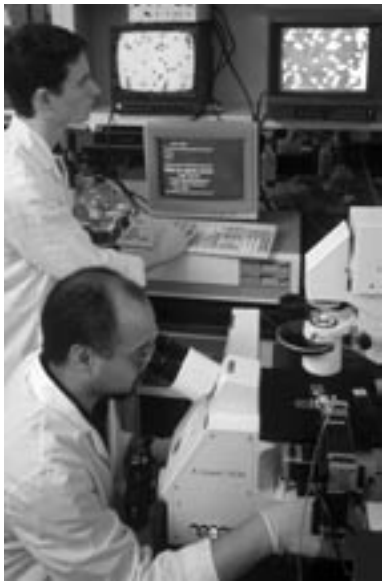
Performance Goal: Enhance the capacity of CDC and state and local health departments to rapidly detect and investigate potential biological events.

Bolstered the country's bioterrorism preparedness and response by

- *Awarding more than $900 million in cooperative agreements* within one month of the President's signature on supplemental appropriations, giving states flexibility to spend immediately on urgent needs while developing detailed workplans.
- Overseeing the Health Alert Network, which lays the foundation for a nationwide health communications system, to all 50 states, one territory, and four major metropolitan areas.

The FY 2002 target was 55 states and localities. GPRA targets have been met or exceeded for the third year.

Performance Goal: Enhance the laboratory capacity of CDC and state and local health departments to rapidly and accurately identify biological and chemical agents that can pose a terrorist threat.



Increased to 150 the number of chemicals in the Rapid Toxic Screen, which, in the event of a chemical emergency or situation involving chemical terrorism, would guide medical response personnel by providing vital information on the identity and levels of chemical agents involved, helping them determine who has and has not been exposed so that medical responders can render appropriate care to those who have been exposed.

The FY 2002 performance target of increasing to 150 the number of chemicals was met. GPRA targets have been met or exceeded for the last two years.

Helped meet the critical need for rapid communication among public health officials in all states and territories through the secure, Web-based tool Epidemic Information Exchange (*Epi-X*). *Epi-X*, which was launched in December 2000, has reported more than 400 disease outbreaks. This system enables members of the public health community to

- Report disease outbreaks particularly those suggestive of bioterrorism rapidly.
- Provide secure communications for response teams during bioterrorism events.
- Instantly notify colleagues and experts of local or state urgent public health events through E-mail, pager, and telephone.
- Research outbreaks and unusual health events through an easily searchable database.

State and local public health professionals use *Epi-X* to provide information to CDC regarding outbreaks and other emerging health threats by bioterrorism. After the detection of anthrax in Florida, *Epi-X* staff collaborated with emergency response teams to rapidly post information from CDC to public health officials around the country and worked with states to disseminate information.

The FY 2002 performance target was to have 750 state and local public health professionals who use Epi-X to provide information to CDC regarding outbreaks and other emerging health threats by bioterrorism. GPRA targets have been met for the last three years.

Immunization

Immunizations rank among the greatest public health achievements of the 20th century. CDC provides national leadership as part of the ongoing effort to protect America's children and adults from vaccine-preventable diseases and to ensure the safety of vaccines. Cases of vaccine-preventable diseases are at or near all-time low levels, and childhood immunization rates are at an all-time high. By all counts, efforts to protect U.S. children from vaccine preventable diseases have been a success. Cases of most vaccine-preventable diseases of childhood are now down more than 97% from peak levels before vaccines were available. The numbers of reported diphtheria, measles, rubella, and mumps cases in 2001 were at an all-time low.

Immunization is reported in the CDC financial statements under Immunization.

Performance measures relate to HHS Goal 3: Emphasize preventive health measures.

Performance Goals:

- Reduce the number of indigenous cases of vaccine-preventable diseases.
- Achieve or sustain immunization coverage of at least 90% among children 19 to 35 months of age for certain vaccines.

Reduced the number of cases of vaccine-preventable diseases to record low levels and achieved all-time high levels of vaccination coverage for all racial and ethnic groups. Ninety percent or more of all infants receive the recommended vaccines for Haemophilus influenzae type B (Hib), measles-mumps-rubella, and diphtheria-tetanus-pertussis by age two. Coverage rates were 89.4% for polio and 88.9% for hepatitis B.

Performance Goal:

- Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

Made progress toward meeting the *Healthy People 2010* goal for immunization coverage rates for influenza and pneumococcal disease among adults aged 65 years and older has been especially challenging because of delays in the production and supply of vaccines. Coverage rates for both vaccines have remained fairly constant during 2000 and 2001. Vaccination rates for influenza were 64% in 2000 and 63% for 2001 and for pneumococcal were 53% in 2000 and 54% in 2001. Delays in the distribution of the influenza vaccine supply likely contributed to the slight decline in coverage in 2001.

The FY 2002 performance measure was to increase the rate of influenza and pneumococcal pneumonia vaccination in persons aged 65 years and older. Influenza and pneumococcal vaccination coverage goals for adults aged 65 years and older are based on the 90% coverage goals in Healthy People 2010. It is expected that influenza vaccination coverage will increase approximately 2% per year and pneumococcal vaccination will increase about 3% per year to realize the Healthy People 2010 goals. Expectations were not met in 2001.

Performance Goal: Assist domestic and international partners to help achieve WHO's goal of global eradication of polio.

Supported global polio eradication activities by providing scientific and laboratory assistance, assigning CDC staff to polio-endemic countries, and providing grants to the World Health Organization and the United Nations Children's Fund for vaccine purchase and technical support. The number of polio-endemic countries has been reduced from 20 in 2000 to 8 as of August 1, 2002. The last endemic case of Type 2 polio (one of three polio virus types) was reported in October 1999, suggesting that Type 2 poliovirus may have been eradicated.

The FY 2002 performance target was to purchase 590 million doses of oral polio vaccine for mass immunization campaigns in Asia and Africa. In FY 2002, 694 million doses of oral polio vaccine were purchased with CDC funds. Performance target was exceeded.

Performance Goal: Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal pneumonia.

Developed—in response to delays and a possible vaccine shortage—recommendations for use of influenza vaccine during the 2001–2002 influenza season. In addition to these recommendations, which were a joint effort with the Advisory Committee on Immunization Practices and other partners, CDC also prepared a media campaign, developed a Web site to facilitate the purchase and possible redistribution of influenza vaccine, and provided technical assistance to state and local health departments dealing with vaccine delays.

Supported this GPRA measurement.

Infectious Diseases

CDC is charged with planning, directing, and coordinating efforts to identify, investigate, diagnose, prevent, and control infectious diseases—which remain a leading cause of death worldwide—in the United States and throughout the world. Earlier predictions that many infectious diseases could eventually be eliminated proved incorrect, for they did not take into account changes in demographics, human behaviors, and the ability of microbes to adapt, evolve, and develop resistance to drugs. In the United States and elsewhere, infectious diseases increasingly threaten public health and contribute significantly to the escalating costs of health care. The following highlight some of CDC's accomplishments in protecting the public from infectious diseases during 2002.

Infectious diseases are reported in the CDC financial statements under Infectious Diseases.

Infectious disease performance measures relate to HHS Goal 3: Emphasize preventive health measures; Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies, and Goal 7: Advance science and medical research.

Performance Goal: Protect Americans from priority infectious diseases.

Responded to the threat of the West Nile virus and other arboviral diseases by providing more than $35 million in funding to 50 states, 6 cities, and the District of Columbia to bolster their epidemiologic and laboratory capacity for surveillance and response to threats, for information and education materials for health care workers and the public, and for staff training.

Supported this GPRA measurement.

Enhanced capabilities for early detection of influenza viruses with pandemic potential and thereby improved vaccine decision making by expanding to 550 the number of domestic sites for monitoring influenza viruses (one site for each 250,000 population domestically). In addition, CDC continues to support influenza sites and networks internationally to enhance early detection of viruses with pandemic potential and improve decision making about vaccines.

GPRA targets have been met or exceeded for two consecutive years.

Continued improving surveillance of prion disease and enhancing applied laboratory research for developing diagnostic methods to assess transmission of prion diseases to humans.

Supported this GPRA measurement.

Strengthened the capacity for early identification of foodborne illness and response to these outbreaks by continuing to support 45 public health laboratories in the use of PulseNet to build subtyping capacity and exchange foodborne illness data.

GPRA targets have been met or exceeded for three consecutive years and are targeted to increase in FY 2004.

Performance Goal: Reduce the spread of antimicrobial resistance.

Provided support to 35 state health departments and hospitals for surveillance, prevention, and control of antimicrobial resistance.

GPRA targets have been met or exceeded for the last two years.

Begin implementation of the interagency plan, *A Public Health Action Plan to Combat Antimicrobial Resistance,* that calls for creating a coordinated national antimicrobial resistance surveillance plan; promoting the appropriate use of antimicrobial drugs and preventing the transmission of infections; researching antimicrobial resistance and mechanisms of transmission; and developing new products to prevent, diagnose, and treat infections.

GPRA targets have been met or exceeded for the last two years.

Performance Goal: Eliminate tuberculosis in the United States.

Achieved the eighth consecutive year of decline in TB cases, bringing domestic TB morbidity to an all-time low since TB surveillance began. This decline has come about through key strategies such as increasing the percentage of TB patients who complete a course of curative TB treatment within 12 months of initiation of treatment[1] and increasing the percentage of infectious TB patients with initial positive cultures who also have drug susceptibility results.[2]

[1] The FY 2001 performance target was to increase the percentage to 88%, but data for FY 2001 will not be available until 2004. The percentage increased from 66% in 1994 to 79.9% in 1999, but did not reach the 1999 target of 85%.

[2] The FY 2001 performance target was to increase the percentage to 95%. CDC fell slightly short of this target, achieving 92.2% in FY 2001. The target for FY 2000 was 93%, and the actual performance was 92.7%; the target for FY 1999 was 92%, and the actual performance was 91.9%.

Epidemic Services

The scope of CDC's epidemic services extends to acute and chronic infectious and noninfectious diseases, injuries, nutrition, reproductive health, environmental health, occupational problems, and public health emergencies. When local, state, or foreign health authorities request help in controlling an epidemic or solving other health problems, CDC dispatches specially trained epidemiologists from the Epidemic Intelligence Service (EIS) to investigate, resolve, and report the problem.

Epidemic Services are reported in the CDC financial statements under Epidemic Services.

EIS performance measures relate to HHS Goal 3: Emphasize preventive health measures; Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies; Goal 6: Improve the quality of health care; and Goal 7: Advance science and medical research.

Performance Goal: Respond to the needs of public health partners through the provision of epidemiologic assistance.

Provided epidemiologic assistance to investigate and control more than 80 outbreaks. These missions, or EPI-AIDS, were carried out by EIS Officers under the supervision of staff epidemiologists at CDC and conducted at the request of local and state health departments and ministries of health in several countries. CDC responded to 100% of requests for assistance. More than 140 EIS Officers were deployed more than 200 times as first responders following the attack on the World Trade Center and the subsequent anthrax investigation.

Responded to the spread of West Nile virus infections across most of the United States east of the Rockies. More than 40 EIS officers were deployed to assist with the investigation of infections in Arkansas, Louisiana, Mississippi, Illinois, and Michigan. In addition, state-based EIS Officers have participated in investigations in other affected states. During 2002, EIS Officers

- Established surveillance for West Nile virus.
- Followed-up cases and contacts.

- Characterized the clinical spectrum of the disease.
- Conducted epidemiological investigations to assess risk factors for disease.
- Evaluated the environmental impacts of control measures.
- Monitored the impact of the outbreak in the animal population.
- Staffed the multistate West Nile virus task force to address cases of transfusion or transplantation-related West Nile virus disease.

The FY 2002 performance target was to respond to 95% of requests for assistance. GPRA targets have been met or exceeded for the last three years.

Performance Goal: Conduct specialized training programs to provide an effective workforce for state and local health departments, laboratories, and ministries of health.

Provided international health expertise and assistance around the world:

- Implemented Integrated Disease Surveillance and Response (IDSR) guidelines that have been adapted by more than 20 countries in the African region.
- In Central America, the Dominican Republic, and Haiti, training and service in epidemiology and surveillance has resulted in 53 outbreak investigations, 19 disaster responses, 18 planned epidemiologic investigations, and 58 surveillance projects. Thirty-nine professionals have received comprehensive training in field epidemiology and 325 local health officers have received basic training in epidemiology and surveillance.
- Developed and distributed a computer-based training module, *Botulism in Argentina*, to representatives from approximately 20 Ministries of Health, the World Health Organization, universities, and other organizations.

Supported this GPRA measurement.

Performance Goal: Maximize the distribution and use of scientific information and prevention messages through modern communication technology.

Published more than 86 issues of the *Morbidity and Mortality Weekly Report (MMWR)*, a series of publications that in addition to the *MMWR* also includes *MMWR Recommendations and Reports, CDC Surveillance Summaries*, and the *MMWR Annual Summary*.

Following the first reported case of anthrax in New York City, the *MMWR* urgently edited and published 16 reports on bioterrorism, including new anthrax prophylaxis and treatment guidelines, recommendations to prevent exposures, and updates of investigations.

The FY 2002 performance target was to publish 86 issues of the MMWR. GPRA targets have been met for the last four years.


MMWR
Morbidity and Mortality Weekly Report
West Nile Virus Activity — United States, July 31–August 7, 2002, and Louisiana, January 1–August 7, 2002

Improved dissemination of public health information by implementing the *MMWR* communications plan for revising editorial policies, publications, and Web site to incorporate CDC identity themes; posting urgent reports and notices more quickly; expanding the range of topics addressed in the *MMWR* family of publications; and incorporating GIS mapping and other new information features to the Web site.

The *MMWR* developed a distribution partnership comprised of managed care plans; faculty, staff, and students of the nation's 130 medical schools; academic and professional organizations; and other Internet-based providers of health information. This partnership makes the *MMWR* available to more than 30 million people weekly and is used for routine and urgent *MMWR* distribution.

The FY 2002 performance target was to refine MMWR communication efforts by developing a plan to provide a framework for current activities and to maximize communication of public health messages in print and via the Internet. GPRA targets have been met for the last three years.

Occupational Safety and Health

Although rates of traumatic injuries are decreasing for many occupations and sectors of industry, workplace injuries continue taking a great toll—each day 16 U.S. workers die and 9,000 suffer disabling occupational injuries. In addition to its leadership efforts in preventing these injuries during 2002, CDC was also involved in identifying and tracking health outcomes and the work-related conditions associated with them. Such research will bolster public health efforts to understand and prevent work-related illnesses and injuries.

Occupational safety and health is reported in the CDC financial statements under Environmental and Occupational Health.

These performance measures relate to HHS Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies; Goal 7: Advance science and medical research; and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goal: Identify high-risk working conditions by developing a surveillance system for major occupational illnesses, injuries, exposures, and health hazards.

Provided national leadership in developing and using surveillance data for tracking work-related illnesses, injuries, and hazards, and for improving occupational safety and health.

Collaborated with 12 state health departments to operate the Sentinel Event Notification System for Occupational Risks (SENSOR) for recognizing and preventing work-related sentinel health events, such as pesticide-related illnesses, asthma, silicosis, and burns.

Collected, analyzed, and disseminated surveillance data on occupational illnesses, injuries, and hazards.

The FY 2002 performance target was to annually publish surveillance reports on two topics, target one national activity, and prepare and distribute public use data sets. This GPRA target was met.

Administered an $11.8 million contract with the Mount Sinai School of Medicine to identify and assess symptoms, injuries, or conditions that may indicate long-term physical or mental illnesses among workers and volunteers who participated in rescue and recovery efforts at the World Trade Center site. A database was also established to compile medical findings, allowing researchers to assess potential occupational illness and injury patterns among World Trade Center rescue workers and volunteers through surveillance data.

Published *Surveillance and Prevention of Occupational Injuries in Alaska: A Decade of Progress, 1990–1999* (DHHS/NIOSH Pub. No. 2002–115), which highlights NIOSH's collaborative efforts to reduce work-related fatalities in Alaska.

Published *Soluciones Simples: Ergonomia Para Trabajadores Agricolas*" (DHHS/NIOSH Pub No. 201-111: Spring 2002) that provides illustrated, easy to read guidelines and tip sheets for Spanish-speaking farm workers, their employers, safety professionals, and others as a result of NIOSH surveillance.

Published five *Worker Health Chartbooks* (DHHS/NIOSH Pub. Nos. 2002-117, 118, 119, 120, and 121) that provide comprehensive data and summaries on the nature and prevalence of work-related illnesses, injuries, and deaths.

Supported this GPRA goal.

Performance Goal: Conduct a targeted program of research to reduce morbidity, injuries, and mortality among workers in high-priority areas and high-risk sectors.

Increased funding for the National Occupational Research Agenda (NORA), a framework to guide occupational safety and health research, by 8% intramurally and 19% extramurally. NORA research focuses on 21 priority areas in three categories: disease and injury, work environment and workforce, and research tools and approaches.

The FY 2002 performance target to maintain NORA funding at the FY 2001 level was supported.

Continued collaborative partnerships with 14 federal agencies to solicit research applications for NORA's 21 priority areas through program announcements in hearing loss, musculoskeletal disorders, organization of work and cardiovascular disease, organization of work and depression, health care workers and work-related violence, chronic obstructive pulmonary disease (COPD) and work, traumatic injury, agricultural injuries to children, and intervention effectiveness research in occupational health.

Supported the FY 2002 performance target to maintain intramural research programs in targeted NORA areas.

Performance Goal: Promote safe and healthy working conditions by increasing occupational disease and injury prevention activities through workplace evaluations, interventions, and CDC recommendations.

Received 446 requests for health hazard evaluations (HHEs) from employers, employees, and other government agencies to address potential health hazards and problems such as chemical exposures among workers assembling airline seat

cushions resulting in adverse reproductive outcomes; transmission of TB, herpes B, rabies, and spume virus among primate handlers; and exposures to cutting fluids among machinery operations personnel resulting in hypersensitivity pneumonitis. Out of these 446 HHE requests, CDC completed 389 requests, conducted 67 site visits, and responded to 299 HHEs via technical assistance letter reports conveying appropriate documents, guidelines, and recommendations. In addition, 442 follow-back surveys via the HHE Effectiveness Evaluation Program were distributed to past program consumers in FY 2002.

The FY 2002 performance target was to conduct site visits for at least 30% of HHE requests; provide consultation for the rest; conduct follow-up assessments via the HHE Effectiveness Evaluation Program with periodic data analysis and reports. In FY 2002, CDC conducted site visits for 15% of HHE requests and addressed 67% of these requests via letters of technical assistance.

Investigated 76 high-risk work situations and recommended prevention strategies through the Fatality Assessment and Control Evaluation (FACE) program. This program, active in 20 states, determines contributing factors to occupational fatalities, identifies emerging hazards, and helps develop safety recommendations to prevent occupational fatalities. CDC issued recommendations for providing better training, building safety devices on certain equipment, complying with child labor laws, having a written safety policy, and ensuring proper operation and maintenance of equipment and machinery.

Supported this GPRA goal.

Conducted 44 investigations to identify the common causes of deaths among firefighters and provided recommendations for preventing similar incidents and improving firefighter safety. An investigation into the death of one volunteer firefighter and the injuries of two volunteer firefighters as caused when a fire engine rolled over in Alabama resulted in two important recommendations to fire departments on developing standards of operating procedures for emergency vehicles and semiannual training for drivers of fire department vehicles.

Supported this GPRA goal.

Chronic Diseases

More than 90 million Americans live with chronic illnesses, and nearly 75% of the annual $1.3 trillion spent on health care is attributable to these conditions. Chronic diseases—including cardiovascular disease, cancer, and diabetes—account for 70% of all U.S. deaths and for one third of the years of potential life lost before age 65. To address escalating health care costs in the United States, we must also address effective ways to prevent chronic diseases. During 2002, CDC sought to prevent the occurrence and progression of chronic disease by reducing or eliminating behavioral risk factors, increasing the prevalence of health promotion practices, and detecting chronic disease early to avoid complications.

Chronic diseases are reported in the CDC financial statements under Chronic Disease Prevention.

These performance measures relate to HHS Goal 1: Increase access to health care; Goal 3: Emphasize preventive health measures; Goal 5: Improve health outcomes; Goal 6: Improve the quality of health care; Goal 7: Advance science and medical research, and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goal:	Increase the capacity of state cardiovascular health programs to address prevention of cardiovascular disease at the community level.

Expanded CDC's state-based health programs for preventing cardiovascular disease—the nation's number-one killer of men and women across all racial and ethnic groups—to include 30 states. CDC also increased the number of states with five of the seven core heart disease and stroke prevention capacities to 18 in FY 2001.

Provided state-based cardiovascular health programs with evaluation tools, including an evaluation framework, a program logic model, and training.

Initiated development of a management information system to coordinate the evaluation of activities conducted by state-based cardiovascular health programs and to enhance technical assistance provided by CDC.

The FY 2002 performance target was to increase to 20 the number of states with five of the seven core heart disease and stroke prevention capacities. GPRA targets have been exceeded for the last three years. Data for FY 2002 are expected to be available in summer 2003.

Performance Goal: Increase early detection of breast and cervical cancer by building nationwide programs in breast and cervical cancer prevention, especially among high-risk, underserved women.

Provided more than 3.5 million screening tests to more than 1.5 million women through CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program has diagnosed almost 12,000 breast cancers, 48,170 precancerous cervical lesions, and more than 800 cases of invasive cervical cancer.

The FY 2001 performance target to diagnose 69% of breast cancer cases at an early stage was not met. The FY 2001 performance target to lower the age-adjusted rate of invasive cervical cancer among women aged 20 years and older to not more that 22 per 100,000 Pap tests provided was exceeded. FY 2002 data regarding early screenings for breast and cervical cancer will be available in spring 2003.

Performance Goal: Improve the quality of state-based cancer registries.

Collected information on cancer cases from central registries that cover 96% of the U.S. population; 65% of states funded by CDC's National Program of Cancer Registries reported at least 95% of unduplicated, expected cases of reportable cancer in state residents in a diagnosis year.

The FY 2001 performance target to increase this percentage to 75% was not met. The GPRA targets for FY 2000 and FY 1999 were exceeded. FY 2002 data will be available in summer 2003.

Performance Goal: Increase the capacity of state diabetes control programs to address the prevention of diabetes and its complications at the community level.

Provided funding and technical assistance to a national network of Diabetes Control Programs (DCPs) that spans 50 states, the District of Columbia, and eight territories. Key FY 2002 activities include these:

- Documented that 100% of the DCPs adopted, promoted, and implemented guidelines for improving the quality of care for persons with diabetes.
- Conducted eight studies on translating research findings into clinical and public health practice and published these studies in peer-reviewed journals.
- Increased the percentage of persons with diabetes who receive annual eye examinations to 72% and foot examinations to 62% in states receiving CDC funding for DCPs.

FY 2002 performance targets related to this goal included maintaining at 100% the number of DCPs that adopt, promote, and implement guidelines for improving the quality of care for persons with diabetes (met); publishing eight studies in peer-reviewed journals (met); and increasing this percentage of persons with diabetes who receive annual eye examinations to 72% and foot examinations to 62% in states funded for diabetes control programs. Data for FY 2002 will be available in fall 2003.

Established state-based pilot projects to test strategies and develop models for identifying persons with early stages of diabetes and for intervening with appropriate lifestyle-related (i.e., diet and physical activity) modifications.

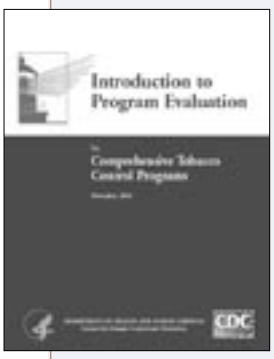
Trained all DCP staff in using the Diabetes Management Information System, which is accessible through the Internet and generates reports, supports queries, standardizes reporting procedures, and consolidates program information.

Supported this GPRA measurement.

Performance Goal: Reduce cigarette smoking among youth.

Funded 50 states, the District of Columbia, and seven territories as part of the National Tobacco Control Program. CDC is supporting health departments with planning, developing, implementing, and evaluating tobacco control programs through funding and technical assistance to meet public health goals, including preventing tobacco use among youth. During 2002, 20 states conducted Youth Tobacco Surveys in middle schools, high schools, or both.

The FY 2003 performance target is to reduce the percentage of youth (grades 9–12) who smoke to 32.3%. YRBSS data released in May 2002 indicated that the FY 2003 target has been met. New performance targets for reducing smoking among teenagers are being developed.



Published the *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*, a "how-to" guide for planning and implementing evaluation activities, that assists state tobacco control program managers and staff in planning, designing, conducting, and using practical, comprehensive evaluations of tobacco control efforts.

Supported this GPRA measurement.

Performance Goal: Influence America's children to develop habits that foster good health over a lifetime including physical activity, good nutrition, and the avoidance of illicit drugs, tobacco, and alcohol.

Released findings from the 2001 Youth Risk Behavior Surveillance System (YRBSS) that revealed continued positive trends in most measures of students' injury- and violence-related behaviors, as well as sexual behaviors that increase the risk for HIV infection, other STDs, and unintended pregnancies. Surveys of 9th to 12th grade

students in 2001 indicated that teenagers are more likely to wear seatbelts and stay out of cars with drivers that had been drinking.

Supported this GPRA measurement.

Performance Goal: Help states monitor the prevalence of major behavioral risks associated with premature morbidity and mortality in adults to improve the planning, implementation, and evaluation of health promotion and disease prevention programs.

Increased to 18 the number of states participating in the Behavioral Risk Factor Surveillance System (BRFSS) that complete 4,000 telephone interviews per year.

The FY 2002 performance target of having 18 participating states was met.

Health Statistics

In 2001, 10.8 percent of American children lacked health insurance coverage, down from 13.9 percent in 1997. During this period, the number of children without health insurance fell from 9.9 million to 7.8 million. Throughout 2002, CDC actively worked to collect, assess, and disseminate statistical data to help identify and measure significant health care issues such as health coverage for American children. Collection of such data helps health policy makers and researchers to create useful and effective policies and programs.

Health statistics are reported in the CDC financial statements under Health Statistics.

Supports HHS Goal 1: increase access to health care; Goal 5: Improve health outcomes; Goal 6: Improve the quality of health care; Goal 7: Advance science and medical research; and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goal: Monitor trends in the nation's health through high-quality data systems addressing issues relevant to decision makers.

Monitored a broad range of trends and issues critical to understanding the health of Americans and the national health care system. Key trends noted during FY 2002 include these:

- Helped identify the need for increased health care coverage for children by providing high quality data released in 1997 and 2001. States use that information to better manage their State Children's Health Insurance Program (SCHIP) programs, and health care analysts use it to gauge how economic downturns affect health insurance coverage.

- Documented that the average annual number of antimicrobial drugs prescribed to children aged less than 15 years declined from 45.5 million to 30.3 million —a 40% decrease between 1989 and 2000. CDC identified the problem of overprescribing antibiotics in the early 1990s, and started campaigns to educate practitioners and patients on appropriate use of antibiotics.
- Tracked improvements in 10 of 17 indicators of racial health disparity, e.g., total death rate, death rates for stroke, lung cancer, breast cancer, and suicide. CDC noted those improvements in the report *Healthy People 2000: Trends in Racial- and Ethnic-Specific Rates for the Health Status Indicators: United States, 1990–1998.*
- Improved methods for collecting, and the quality and availability of, data for birth and death certificates by updating the content of standardized reports by state and national offices and by reengineering the national vital statistics system to use electronic records over the Internet.
- Included men in the National Family Growth Survey (NFGS) to increase the comprehensiveness of the data this survey provides on family growth and structure.

The FY 2002 performance target of conducting ongoing surveys and data systems that produce detailed trend data for monitoring health was met. GPRA targets have been met or exceeded for the past three years.

Performance Goals:

Make data more readily available to decision makers and researchers.

Disseminate health data in innovative ways.

During FY 2002, CDC disseminated data faster through innovative means, including the Internet.

Hosted the National Center for Health Statistics Data User's Conference in Washington, D.C., which was attended by more than 1,700 researchers, policy analysts, and other health professionals.

Completed publishing all historical data sets, from 1968 to the present, on CD-ROM. Data now available include 2000 National Ambulatory Medical Care Survey, 2000 National Hospital Ambulatory Medical Care Survey, 2000 National Home and Hospice Survey, 1999 Health Interview Survey, and 1999–2000 National Health and Nutrition Examination Survey.

Supported this GPRA measurement.

Environmental Health

Diseases and health problems that are spread through water, food, air, waste, and other vectors pose serious public health threats. Many state and local health departments lack the resources to prevent or respond to many environmentally caused diseases. Moreover, a lack of information about the types and amounts of toxic substances that affect people's health hinders public health efforts to address these problems.

Environmental health is reported in the CDC financial statements under Environmental Health beginning with FY 2002. (For prior years, it was reported under Environmental and Occupational Health.)

Environmental health measures relate to HHS Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies; Goal 7: Advance science and medical research; and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goal: Periodically determine the number of Americans exposed to environmental chemicals and the degree of their exposure.

Analyzed biomonitoring data from the National Health and Nutrition Examination Surveys (NHANES) to be published in the second *National Report on Human Exposure to Environmental Chemicals*. This report will document exposure of the U.S. population to at least 75 environmental chemicals and will help assess the effectiveness of public health efforts to reduce exposure to specific environmental chemicals.

The FY 2002 GPRA target was to test a sample of Americans for exposure to 75 priority environmental chemicals and to report on the 50 substances tested for in the previous year. The GPRA targets have been met for the last 3 years.

Performance Goal: Improve state and local public health capacity to prevent and control asthma.

Supported states and cities in building their capacity for responding to respiratory health threats from air pollution:

- Funded 20 sites in community health organizations, hospitals, and nonprofit organizations to implement the Inner-City Asthma Intervention program to reduce the burden of asthma on inner-city children.

- Provided funding to seven sites in public and private nonprofit organizations, universities, hospitals, and local health departments to improve overall asthma management and to decrease asthma-related morbidity among children in urban centers.
- Funded 29 states for Addressing Asthma from a Public Health Perspective to develop state capacity to address asthma and implement state asthma control plans.

The FY 2002 GPRA target was for 28 states to have implemented core asthma programs. The GPRA targets were exceeded for the last three years.

Performance Goal: Increase the capacity of state and local health departments to deliver environmental health services in their communities.

Strengthened the capacity of states to solve environmental health problems:

- Conducted chemical and microbial assessments of ground and surface water close to large-scale swine, cattle, and poultry feeding operations in Iowa, Ohio, North Carolina, Virginia, and Maryland.
- Collaborated with the U.S. Geological Survey and the U.S. Environmental Protection Agency to assess exposure and health effects of sulfates, by-products from disinfection, nitrates, pharmaceuticals, and arsenic in drinking water in 12 states.
- Studied the effects of pesticide exposures and endocrine-disrupting chemicals, especially among children and reproductive-aged women.
- Conducted a community-based rapid assessment of current needs with a focus on mental health and people returning to their homes near the World Trade Centers site in New York City following the terrorist attacks on September 11, 2001.
- Funded five health departments to develop environmental public health activities built on the Essential Public Health Services (*www.health.gov/phfunctions/public.htm*), Essential Environmental Health Services, and Core Competencies for Effective Practice of Environmental Health framework.
- Continued funding seven states to implement the Environmental Health Specialist Network (EHS-Net), which tracks the environmental contributors to foodborne disease outbreaks.

The FY 2002 GPRA target was to increase to 17 the number of state and local health departments provided with consultation or technical assistance to address environmental health service issues. The actual number, 25, exceeded the GPRA target.

Provided public health and safety oversight in the safe destruction of 13.6 million pounds of lethal sarin, mustard, and VX chemical warfare agents, which accounts for approximately 21.6% of the total inventory of stored chemical munitions in the United States. CDC also helped plan the construction of the next three U.S. chemical stockpile disposal incinerator system sites.

Not linked to a GPRA measurement but supports HHS Goal 1: Reduce major threats to the health and productivity of all Americans.

ATSDR and Environmental Health

ATSDR, a separate agency aligned with CDC, conducts crucial work, much of which directly or indirectly supports the GPRA Performance Goal to "Increase understanding of the relationship between environmental exposures and health effects." These four performance items highlight some of ATSDR's accomplishments during FY 2002.

Screened more than 7,200 people in Libby, Montana, during 2000 and 2001 for exposure to tremolite asbestos in vermiculite ore and found that former vermiculite workers and household members demonstrated a greater percentage of pleural abnormalities than other area residents. ATSDR is establishing a registry to address the long-term health outcomes related to asbestos exposure among these workers.

Supported this GPRA goal.

Strengthened the public health focus on children's environmental health issues by expanding the network of Pediatric Environmental Health Specialty Units to 11 operating units. The staff of these regional units clinically evaluated more than 1,916 children, conducted more than 28,500 telephone consultations, and provided education and training activities to more than 18,700 medical and health professionals.

Supported these GPRA goals.

Initiated a program to evaluate the human health effects potentially associated with contaminants found to be part of the subsistence lifestyle among the Alaska Native population.

Supported these GPRA goals.

Awarded more than $11.1 million to 31 state health departments, one commonwealth health department, and one Indian nation in FY 2002. ATSDR and those cooperative agreement partners have performed more than 1,800 health assessment

activities, consultations, and exposure investigations, and other public health activities conducted in 44 states, several territories, and a number of American Indian Nations.

Supported these GPRA goals.

Aided the public health response to terrorism related to events of September 11, 2001, and the subsequent anthrax attacks:

- Developed a residential sampling plan that focuses on both indoor and outdoor air and on surface dust that settled in homes near the devastation of the World Trade Centers.
- Supported efforts for daily sampling and data analysis for investigations into air and settled dust near World Trade Centers ground zero.
- Deployed staff to the New York City Department of Health and Mental Hygiene to provide technical and health communication support through July 2002.
- Oversaw the Anthrax Spore Dispersion Project to investigate Level C personal protective equipment to determine probable Anthrax source at the AMI building in Boca Raton, Florida.

Public Health Systems and Workforce Development

Developing and maintaining a strong, modern public health infrastructure and ensuring that the national public health workforce is well-trained, informed, and capable of responding to ever evolving health threats are important priorities for CDC. The following represent some of CDC's key efforts to develop further its capabilities to protect the health of America's communities from the myriad challenges posed by current, new, and emerging health threats.

Public health systems and workforce development are crosscutting activities that are reported in the CDC financial statements under several areas.

Supports HHS Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies; Goal 6: Improve the quality of health care; and Goal 7: Advance science and medical research.

Performance Goal: Prepare local, frontline public health workers to respond to current and emerging public health threats.

Finalized, with a broad range of national public health organizations, the Global and National Implementation Plan for Public Health Workforce Development and released competencies for public health practice, public health law, and emergency preparedness and response.

Expanded the number of Centers for Public Health Preparedness (CPHP) to a total of 31. CPHPs are increasing the number of frontline state and local public health workers who are ready to respond to public health threats and emergencies, including terrorism. The academic CPHPs function as a national network in partnership with 76% of the states to develop education and training programs.

The FY 2002 GPRA target to develop and disseminate competency-based public health curricula for informatics, genomics, public health law, emergency response, and basic public health was met.

Released, in collaboration with state and local public health officials, the final version of the National Public Health Performance Standards for public health systems. A summit held on June 20, 2002, recognized adoption of these standards and implementation of the national voluntary assessment program.

The FY 2002 GPRA target to validate selected instruments for dissemination to health departments and laboratories was met.

Performance Goal: Conduct research to identify and evaluate community-based prevention interventions.

Awarded 25 new, larger extramural, peer-reviewed grants that emphasize participatory, community-based research. In these projects, investigators from universities, private research firms, state and local health departments, and community-based organizations work together to define critical research questions for their communities, analyze and interpret findings, and apply results.

The FY 2002 GPRA target to facilitate development of effective community-based interventions to include continued participation by advisory groups and multidisciplinary teams in setting research priorities was met.

Performance Goal: Implement training programs to provide an effective workforce for U.S. health departments and laboratories and ministries of health in developing countries.

Distributed to approximately 4,600 U.S. clinical laboratories bioterrorism preparedness training and reference materials, including a Level A Reference Guide for use during bioterrorism events, and developed and delivered 100 laboratory bioterrorism awareness courses, a Level A preparedness course for on-site hospital staff training, and a train-the-trainer course on methods for rapidly detecting bioterrorism for 59 public health and federal laboratories.

The FY 2002 GPRA target to provide laboratory training in bioterrorism response to increase the number of laboratories participating in the laboratory response network; and to increase adoption of protocols to identify agents of bioterrorism by state laboratories was met.

Bolstered the public health capacity to provide training and leadership by increasing from 176 to 209 the number of graduates from sustainable management development programs who conduct training in developing countries and from 40 to 42 the number of states served by leadership development programs.

The FY 2002 GPRA target to increase the number of Sustainable Management Development graduates who conduct training in developing countries was met.

The FY 2002 GPRA target to increase the number of states served by state and regional leadership development programs was met.

Performance Goals:

Provide a variety of standardized and integrated means for access to CDC information resources by health practitioners and the public.

Enhance CDC's information security program.

Ensure that critical information systems and infrastructure operate reliably.

Provided rapid, secure access to key public health data for researchers, policy makers, and the public by improving the infrastructure and content of the CDC Internet Web site, which—with more than 5 million different visitors per month—is one of the most frequently visited government Web sites.

Experienced no serious losses, alterations, or releases of CDC data.

Provided continuous, reliable operation of CDC's critical information systems and information technology infrastructure 99.5% of the time.

The FY 2002 GPRA targets to increase public access to CDC information resources through the CDC Web site and to protect CDC's data systems from serious losses, alterations, or releases of critical or sensitive data were met.

Injury Prevention

Unintentional injuries and violence are among the top 10 killers of Americans of all ages, and injuries kill more Americans in their first three decades of life than any other cause of death. Unintentional injuries caused by falls, fires, drowning, motor vehicle crashes, and other such events are not considered "accidental" but rather preventable. Preventing injuries costs far less than treating them; consequently, CDC is engaged in a wide range of activities and programs that have the potential to reduce deaths, injuries, and disabilities.

Injury prevention is reported in the CDC financial statements under Injury Prevention and Control.

Relates to HHS Goal 3: Emphasize preventive health measures; HHS Goal 5: Improve Health Outcomes; and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goals:
- Monitor and detect fatal and nonfatal injuries.
- Improve systems to collect and report critical data on injuries.

Enhanced the interactive Internet-based Injury Statistics Query and Reporting System, (WISQARS™) to include national data on fatal and nonfatal injuries. *http://www.cdc.gov/ncipc/wisqars.*

The FY 2002 performance target of expanding WISQARS to include nonfatal data was met.

Reached nearly 7.5 million people and potentially saved nearly 350 lives as a result of CDC-funded programs that installed smoke alarms and provided fire safety education to high-risk communities in 14 states. From 1998 through 2001, program staff canvassed almost 160,000 homes and installed more than 116,000 smoke alarms.

The FY 2002 performance target to reduce the incidence of residential fire deaths to 1.1 per 100,000 population was met.

Formed, in conjunction with the United States Fire Administration (USFA), and the Consumer Product Safety Commission, a working group tasked with eliminating residential fire deaths by 2020. This group, which Congress has funded through the USFA, is collaborating to develop a new fire safety campaign that will target high-risk populations and planning steps to achieve goals that include surveillance, research, and marketing.

Supported these GPRA targets.

Provided, through joint funding with the Health Resources and Services Administration (HRSA), support to the American Association of Poison Control Centers for developing and implementing a national, toll-free poison control number. All state poison centers began using this toll-free number in January 2002. Having one nationwide number will improve access to poison control services for all Americans, including those in underserved areas.

Supported these GPRA targets.

Performance Goals: Develop transferable and sustainable injury and violence prevention programs by supporting prevention research. Expanded injury prevention and control research with an emphasis on putting research into action.

Documented that nearly two thirds of children killed in vehicle crashes involving a drinking driver were riding with the impaired driver. CDC found that fewer than 20% of the children killed were properly restrained at the time of the crash and proper use of restraints decreased as the driver's blood alcohol concentration increased. As a result of this research, 21 states have introduced legislation that establishes penalties under state child abuse laws for persons who transport children aged 15 years or less while driving drunk.

Supported these GPRA targets.

Performance Goals: Develop best practice protocols for implementation and evaluation of youth violence prevention programs.

Initiated a prevention program for youth violence in middle schools through a multisite project affiliated with four universities. Researchers will implement and evaluate the same school-based program at different settings to determine which elements work and under what circumstances. The program teaches students conflict resolution and problem solving skills, trains teachers about violence prevention, and engages family members in program activities. This project represents one of the largest efforts to date to assess the effectiveness of school-based violence prevention among middle school students.

Supported this GPRA target.

Birth Defects and Developmental Disabilities

More than 120,000 infants are born with birth defects each year in the United States. The 17 most common birth defects cost approximately $6 billion for children born in a single year. With medical advances, more babies with serious birth defects are surviving, and many experience lifelong disabilities, illness, and social challenges. In addition, 17% of U.S. children under the age of 18 years have some type of developmental disability. Children and adults living with disabilities often suffer from secondary medical, social, emotional, family, and community problems.

CDC works to monitor trends in birth defects over time, determine what causes birth defects, and develop and evaluate prevention strategies. Because most causes of birth defects and developmental disabilities remain unknown, prevention is not possible for most of them. CDC has developed programs to promote the use of folic acid to reduce the incidence of spina bifida and to promote alcohol-free pregnancy to prevent fetal alcohol syndrome. CDC also works to prevent secondary conditions and to promote health and wellness for children and adults living with disabilities.

Birth defects and developmental disabilities are reported in the CDC financial statements under Birth Defects beginning with FY 2002.. (For prior years, they were reported under Environmental and Occupational Health.)

Performance objectives are related to Goal 3: Emphasize preventive health measures; Goal 5: Improve health outcomes; and Goal 7: Advance science and medical research.

Performance Goal:	Increase the consumption of folic acid among women of reproductive age to prevent serious birth defects.

Documented, in four published reports, research correlating the consumption of folic acid and the prevention of birth defects:

- Data from state monitoring programs on birth defects indicate a 30% decrease in the combined rate of spina bifida and anencephaly among infants conceived after mandatory fortification with folic acid.
- Data from the folic acid community intervention in China show a 50% decrease in incidence of imperforate anus.
- An Atlanta-based study shows that regular maternal use a multivitamin containing folic acid before and during early pregnancy seems to reduce the rate for omphalocele, a relatively common abdominal wall defect, by 62%.

- A study of diabetic women can reduce the fourfold to fivefold increased risk of neural tube defects and some heart defects among infants by using a multivitamin containing folic acid before and during early pregnancy.

The FY 2001 GPRA target was to increase women of reproductive age who consume 400 micrograms of folic acid daily to 36% was not met.

Performance Goal: Improve the data on the prevalence of birth defects and developmental disabilities.

Supported 35 states—an increase of two—for birth defects surveillance, research, and prevention activities.

Completed 11,000 maternal interviews for the National Birth Defects Prevention Study, the largest study of causes of birth defects ever undertaken. The database containing information from the first 9,000 interviews, along with tools for analyzing the data, has been released for researchers.

Expanded the research program about the prevalence and causes of autism by increasing from four to six both the number of states studying the prevalence of autism and the number of Centers of Excellence for Autism and Other Developmental Disabilities.

Established the Autism Information Center, a Web-based resource that includes information about autism spectrum disorders (ASDs); ASD-related activities at CDC and other federal agencies and ASD-related state activities funded by CDC; and federally funded resources for families and researchers.

Published the first prevalence report of the Fetal Alcohol Syndrome Surveillance Network (FASSNet), documenting rates for fetal alcohol syndrome per 1,000 live-born infants for Arizona (0.3), Colorado (0.3), New York (0.4), and Alaska (1.5). CDC also completed an intervention study, Project CHOICES, which was aimed at reducing alcohol-exposed pregnancies among high-risk, nonpregnant women and resulted in a 60% reduction in the number of women at risk at their sixth month follow-up visit. A CDC study shows, however, that heavy alcohol use and binge drinking by pregnant women have not declined since their peak in 1995.

Supported this GPRA goal.

Performance Goal: Monitor, characterize, and improve the health status of Americans with disabilities.

Initiated programs that focus on the needs of people living with various disabilities:

- Attention-deficit/hyperactivity disorder (ADHD)—features a national resource and information center and three population-based research projects on prevalence and health risk behaviors.
- Duchenne and Becker Muscular Dystrophy—works to determine the incidence of these conditions in the United States and to create a system for evaluating the impact of treatment options.
- Special Olympics Healthy Athletes Initiative—addresses health challenges and disparities encountered by Special Olympics athletes and other people with mental retardation.

Supported this GPRA measure.

Increased from 14 to 50 the number of states biennially using the Behavioral Risk Factor Surveillance System to monitor the health status of people with disabilities.

The FY 2001 GPRA target was to increase the number of participating states to 14. GPRA targets have been met or exceeded for the last four years.

HIV and Sexually Transmitted Diseases

The United States continues to record the highest rates for sexually transmited diseases (STDs) in the industrialized world. Domestically, STDs are the most commonly reported infections of all notifiable diseases reported to CDC. Because most STDs are asymptomatic and several of the most common STDs are not routinely reported, the true burden of STDs is many times greater than that reflected by national surveillance statistics. Globally, an estimated 40 million people are infected with HIV. In the United States, 8.5–9 million persons are infected, and approximately one quarter are unaware of their infection. An estimated 15 million new cases of non-HIV STDs, such as syphilis, chlamydia, gonorrhea, genital herpes, and human papillomavirus (HPV), occur each year at an annual cost of at least $10 billion.

Funding for sexually transmitted diseases is reported in the CDC financial statements under Infectious Diseases.

Performance measures relate to HHS Goal 1: Increase access to health care; Goal 3: Emphasize preventive health measures; Goal 5: Improve health outcomes; and Goal 7: Advance science and medical research.

Performance Goal: Reduce STD rates by providing chlamydia and gonorrhea screening, treatment, and partner treatment to 50% of women in publicly funded family planning and STD clinics nationally.

Continued prevention of infertility and other significant complications of chlamydia and gonorrhea through research, screening, and treatment programs for at-risk women nationwide. The effectiveness of large-scale screening programs in reducing chlamydia prevalence among women has been well documented in areas where this intervention has been in place for several years. After adjusting trends in chlamydia positivity to account for changes in laboratory test methods and associated increases in test sensitivity, chlamydia test positivity decreased in five of 10 HHS regions from 2000 to 2001, increased in four regions, and remained the same in one region. Although chlamydia positivity has declined in the past year in some regions because of the effectiveness of screening and treatment of women, the continued expansion of screening programs to populations with higher prevalence of disease may have contributed to increases in positivity in other regions.

Supported this GPRA target.

Performance Goal: Reduce the incidence of primary and secondary syphilis through the development of syphilis elimination action plans for each state that had a primary and secondary syphilis rate in 1995 of >4 per 100,000 population and an HIV prevalence in childbearing women of >1 per 1,000.


Sexually Transmitted Diseases
Treatment Guidelines
2002

Introduction

Continued to achieve historically low overall rates of syphilis and to reduce racial disparities in the incidence of syphilis. Ninety-four percent of U.S. counties have decreased the incidence of primary and secondary syphilis in the general population to less than four per 100,000, and nationwide rates of congenital syphilis have fallen by 76% from 1995–2001. CDC collaborates with state and local health departments and with the National Institutes of Health, Substance Abuse and Mental Health Services Administration, National Institute of Justice, Association of Public Health Laboratories, and American Social Health Association to provide technical guidance regarding clinical services and to implement research and demonstration projects. For more information, visit *http://www.cdc.gov/nchstp/dstd/dstdp.html.*

In 2002, CDC published revised guidelines for treatment and clinical management for persons with STDs. The Guidelines also include recommendations on screening, diagnosis, prevention services, and education and counseling of sex partners. They have been updated to include recent research findings on the diagnosis and treatment of sexually transmitted diseases.

FY 2002 GPRA targets were to increase to 92% the number of U.S. counties with an incidence of primary and secondary syphilis of equal to or less than four per 100,000 and to increase the percent reduction in the racial disparity by 15%. CDC achieved both targets for FY 2001; data for FY 2002 will be available in late summer 2003.

Performance Goal: Working with host countries, USAID, and international and U.S. government agencies, reduce the number of new HIV infections among 15- to 24-year-olds in sub-Saharan Africa from an estimated 2 million by 2005.

Expanded global AIDS activities from 15 to 25 countries in Africa, Asia, and Latin America through an increase of $39.26 million (for a total of $143.76 million) for global HIV/AIDS programs. These programs focus on improving primary prevention of HIV, preventing perinatal transmission of HIV, care and treatment for HIV/AIDS and related opportunistic infections, and the capacity of countries to collect and use surveillance data and manage HIV/AIDS programs.

In FY 2001, CDC set targets involving initiating, expanding, or strengthening certain HIV/AIDS activities in the 24 Global AIDS Program countries. CDC exceeded the target for three of these activities (surveillance; technical assistance for treatment of STDs, TB, and other opportunistic infections; and perinatal HIV prevention) and missed its target by one country for the other activity (voluntary counseling and testing).

Performance Goal: Improve HIV intervention and prevention programs and continuity of care.

Continued efforts to prevent HIV infection and to improve access to and continuity of care.

- Implemented the media campaign *"KNOW NOW!"* in five cities. This campaign is designed to encourage persons at high risk to learn their HIV status, to raise awareness of the benefits of HIV testing, and to address barriers to testing and treatment.
- Published *Revised Guidelines for HIV Counseling, Testing, and Referral and Revised Recommendations for HIV Screening of Pregnant Women*.
- In 2002, the Capacity Building Branch provided approximately 500 different activities to assist CDC-funded community-based organizations, state and local health departments, and nondirectly funded organizations with building capacity in organizational infrastructure, HIV prevention interventions, community mobilization, and community planning.

The FY 2001 GPRA target to provide technical assistance—based on use of a guidance document—to all community planning groups requesting assistance was met.